7 × July 8			PTO/SB/22 (12-04)
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Option	nal) 15270J-004743US
TRADITATION FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 20	ME /U D 4818))		
Application Number 09/724,319		Filed November 27, 2000	
FOR PREVENTION AND TREATMENT OF AMYLOIDO	OGENIC DISEASE		
Art Unit 1649		Examiner Johnalyn	D. Lyles
This is a request under the provisions of 37 CFR 1.136(application.	(a) to extend the peri	iod for filing a reply in t	the above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR	R 1.27.		
A check in the amount of the fee is enclosed.		•	
Payment by credit card. Form PTO-2038 is attac	ched.		
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any to Deposit Account Number 20-1430 WARNING: Information on this form may become public Provide credit card information and authorization on P	I have end ic. Credit card informa	losed a duplicate copy	of this sheet.
I am the applicant/inventor.			
assignee of record of the entire Statement under 37 CFR 3.			
attorney or agent of record. Registration Number 37,505			
attorney or agent under 37 CFR Registration number if acting un			
J-hoheshuel	/ 3		r 15, 2005
Signature		Da	ate
Joe Liebeschuetz, Reg. No. 37,505 Typed or printed name		650/326-2400 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than			
NOTE: Signatures of all the inventors of assignees of record of the entitione signature is required, see below.	o merea or their represe		
Total of forms are su	ıbmitted.	•	

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